

## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <b>BLACK HILLS PRESS</b>		2. DATE OF FILING <b>10/6/00</b>
3. FREQUENCY OF ISSUE <b>WEEKLY</b>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <b>52</b>	3B. ANNUAL SUBSCRIPTION PRICE <b>41 60/</b>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <b>1238 main, Sturgis SD (Meade County) 57785-0069</b>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printer) <b>P O Box 69, Sturgis SD 57785-0069</b>		
6. FULL NAME OF PUBLISHER:		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) FULL NAME COMPLETE MAILING ADDRESS <b>Country Media, Inc 1317 West 42nd Street, Scottsbluff, NE 69631</b>		
8. KNOWN BONDHOLDERS, MORTGAGEES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form)		
9. EXTENT AND NATURE OF CIRCULATION (See instructions on reverse side)		
A. TOTAL NO. COPIES (Net Press Run)	AVERAGE NO. COPIES EACH ISSUE D PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUE NEAREST TO FILING DATE
	<b>2700</b>	<b>2700</b>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales	<b>310</b>	<b>305</b>
2. Mail Subscription (Paid and/or requested)	<b>1760</b>	<b>1784</b>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 10B1 and 10B2)	<b>2070</b>	<b>2089</b>
D. FREE DISTRIBUTION BY MAIL, CARRIER OR OTHER MEANS	<b>195</b>	<b>341</b>
SAMPLES, COMPLIMENTARY, AND OTHER FREE COPIES	<b>-</b>	<b>-</b>
E. TOTAL DISTRIBUTION (Sum of C and D)	<b>2265</b>	<b>2430</b>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	<b>435</b>	<b>270</b>
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and 2 - should equal net press run shown in A)	<b>2700</b>	<b>2700</b>
SIGNATURE AND TITLE OF PUBLISHER, BUSINESS MANAGER OR OWNER I swear that the statements made by me above are correct and complete. <b>Sharon Allison, Bus. Manager</b>		

State of South Dakota )

County of )

(Seal)

Form: SOS REC 051 01/95

Sworn to before me this **6th** day of **October** 19**2000**

Notary Public

My commission expires

**Tanjee Stansbury**  
Notary Public

My commission expires January 4, 2006